

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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36		1				
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38		1				
39		1				
40		1				
41		1				
42		1				
43		3				
44		3				
45		3				
46		3				
47	1					
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		3				
53		3				
54		3				
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99						
100						
TOTAL IND.	2					
TOTAL DEP.		33				
TOTAL CLAIMS		35				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

# INDEX OF CLAIMS

Claim		Date			
Final	Original				
15	1	✓	✓		
15	2	✓	✓		
15	3	✓	✓		
15	4	✓	✓		
15	5				
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Claim		Date			
Final	Original				
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## SYMBOLS

- ✓ Rejected
- Allowed
- (Through numeral) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

(LEFT INSIDE)